

# CAREER COUNSELING NETWORK: STATEMENT OF SERVICE

## Stanford | University Human Resources

**\*\*This form is used for employee request for Staff Training Assistance Program (STAP) Funds Reimbursement\*\***  
 The University policy regarding this policy is set forth in the Administrative Guide, Section 22.11.

**Note to Counselor:**

Complete this form and provide to client at the end of the appointment **along with a receipt on your letterhead.**

**Note to Employee:**

- Return completed form for reimbursement to: EAP Office, 3160 Porter Drive, Suite 250, Palo Alto, CA, 94304-8443 (ID mail: MC 8443).
- Effective 1/1/15, STAP Funds reimbursement is limited to \$500 per fiscal year for CCN services.
- The completed reimbursement form must be submitted within 60 days of your appointment date.
- Reimbursement may take up to 4 weeks to process.
- Participating employees may receive an invitation to participate in a confidential follow-up survey to assess satisfaction with services provided. Participation is voluntary and responses are aggregated, allowing individual responses to be confidential.
- Questions about the status of your reimbursement check/direct deposit should be directed to the Educational Programs Office at 650-723-0657, [stanford-stap@stanford.edu](mailto:stanford-stap@stanford.edu).

**Please complete all fields below. Incomplete forms may result in a delay in reimbursement processing:**

Date of Service: \_\_\_\_\_

**Client Information (Employee)**

Stanford Staff Name	
SU Employee ID #	
Department Name	
Mail Code	
Work Phone #	
Email Address	
Office Use Only	Hire Date:
	Salary Grade:

**Counselor Information (Counselor)**

Counselor Name	<b>Diane Byster, LMFT</b>
Address	<b>667 Lytton Ave., Suite 7, Palo Alto, CA 94301-1335</b>
Work Phone #	<b>650-482-9577</b>
Email Address	<b>diane@byster.com</b>

**Services Provided and Reimbursement (check all that apply)**

<input type="checkbox"/>	½ hour appointment @ \$125/hour (\$62.50)
<input type="checkbox"/>	1 hour appointment @ \$125/hour (\$125)
<input type="checkbox"/>	½ hour phone appointment @ \$125/hour (\$62.50)
<input type="checkbox"/>	1 hour phone appointment @\$125/hour (\$125)
<input type="checkbox"/>	Assessments, enter amount: _____ (reimbursement maximum of \$125 per fiscal year for assessments)

**Total Amount for Reimbursement:** \_\_\_\_\_